

02/04/05
Cost & Use
2002

MEDICARE CURRENT BENEFICIARY SURVEY
Outpatient Hospital Events

RIC: OPE
Page: 1
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Outpatient Hospital Events file contains data individual hospital outpatient events for the MCBS population.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				60,811			LOW-HIGH BASEID Count
EVNTNUM	14	4	\$EVNTNUM				C Unique event identifier
				26,102			C000-C999 Event created from claim
				34,709			0000-9999 Survey-reported event
OREVTYPE	18	2	\$EVNTTYP				C Original reported event type
				26,102			Missing
				0			DU Dental
				2,475			ER Emergency Room
				620			IP Inpatient
				0			IU Institutional utilization
				10,166			MP Medical provider
				531			OM Other medical expense
				19,977			OP Outpatient
				0			PM Prescribed medicine
				403			SD Separately billing physician
				537			SL Separately billing lab
CLAIMID	20	7					N Claim this survey event matched to
FROMDT	27	6					C From date on claim
THRU DT	33	6					C Thru date on claim
EVBEGYY	39	2	\$EVENTYY				C Event begin year
				12			-8 Don't know
				2			-9 Not ascertained
				60,797			Year
EVBEGMM	41	2	\$EVENTMM				C Event begin month
				135			-8 Don't know
				2			-9 Not ascertained
				0			95 Still in progress
				60,674			Month
EVBEGDD	43	2	\$EVENTDD				C Event begin year
				5			-7 Refused
				3,175			-8 Don't know
				3			-9 Not ascertained
				57,628			Day of month
SOURCE	45	1	\$SOURCE				C Source of event: survey, claim, or both?
				13,063			1 Survey only
				26,102			2 Claims only
				21,646			3 Both survey & claims

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SITCODE	46	1	\$SITCODE				C Community or facility setting?
				4			B Both community & facility
				52,856			C Community
				1,739			D Deemed community
				5,620			F Facility
				111			G Deemed facility
				481			S SNF
AMTTOT	47	9					N Total payment
IMPATOT	56	1	IMPFLAG				N AMTTOT imputed in part or in total?
				44,240			0 Not imputed
				16,571			1 Imputed
AMTCOV	57	9					N Medicare program liability, incl. copays
AMTNCOV	66	9					N Total payment not covered by Medicare
AMTCARE	75	9					N Amount paid by Medicare
IMPSCARE	84	1	IMPFLAG				N AMTCARE payment source imputed?
				60,740			0 Not imputed
				71			1 Imputed
IMPACARE	85	1	IMPFLAG				N AMTCARE payment amount imputed?
				58,018			0 Not imputed
				2,793			1 Imputed
AMTCAID	86	9					N Amount paid by Medicaid
IMPSCAID	95	1	IMPFLAG				N AMTCAID payment source imputed?
				56,961			0 Not imputed
				3,850			1 Imputed
IMPACAID	96	1	IMPFLAG				N AMTCAID payment amount imputed?
				51,670			0 Not imputed
				9,141			1 Imputed
AMTHMOM	97	9					N Amount paid by Medicare HMO
IMPSHMOM	106	1	IMPFLAG				N AMTHMOM payment source imputed?
				59,593			0 Not imputed
				1,218			1 Imputed
IMPAHMOM	107	1	IMPFLAG				N AMTHMOM payment amount imputed?
				58,569			0 Not imputed
				2,242			1 Imputed
AMTHMOP	108	9					N Amount paid by private HMO
IMPSHMOP	117	1	IMPFLAG				N AMTHMOP payment source imputed?
				59,513			0 Not imputed
				1,298			1 Imputed

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IMPAHMOP	118	1	IMPFLAG				N AMTHMOP payment amount imputed?
				58,760			0 Not imputed
				2,051			1 Imputed
AMTVA	119	9					N Amount paid by Veterans Administration
IMPSVA	128	1	IMPFLAG				N AMTVA payment source imputed?
				60,737			0 Not imputed
				74			1 Imputed
IMPAVA	129	1	IMPFLAG				N AMTVA payment amount imputed?
				60,172			0 Not imputed
				639			1 Imputed
AMTPRVE	130	9					N Amt paid by employer-sponsored priv ins
IMPSPRVE	139	1	IMPFLAG				N AMTPRVE payment source imputed?
				56,432			0 Not imputed
				4,379			1 Imputed
IMPAPRVE	140	1	IMPFLAG				N AMTPRVE payment amount imputed?
				54,530			0 Not imputed
				6,281			1 Imputed
AMTPRVI	141	9					N Amt paid by individually-purch priv ins
IMPSPRVI	150	1	IMPFLAG				N AMTPRVI payment source imputed?
				56,899			0 Not imputed
				3,912			1 Imputed
IMPAPRVI	151	1	IMPFLAG				N AMTPRVI payment amount imputed?
				55,708			0 Not imputed
				5,103			1 Imputed
AMTPRVU	152	9					N Amt paid by priv ins (unknown purchased)
IMPSPRVU	161	1	IMPFLAG				N AMTPRVU payment source imputed?
				60,187			0 Not imputed
				624			1 Imputed
IMPAPRVU	162	1	IMPFLAG				N AMTPRVU payment amount imputed?
				60,187			0 Not imputed
				624			1 Imputed
AMTOOP	163	9					N Amount paid out-of-pocket (OOP)
IMPSOOP	172	1	IMPFLAG				N AMTOOP payment source imputed?
				54,465			0 Not imputed
				6,346			1 Imputed

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IMPAOOP	173	1	IMPFLAG				N AMTOOP payment amount imputed?
				52,924			0 Not imputed
				7,887			1 Imputed
AMTDISC	174	9					N Amount of uncollected SP liability
IMPSDISC	183	1	IMPFLAG				N AMTDISC payment source imputed?
				59,245			0 Not imputed
				1,566			1 Imputed
IMPADISC	184	1	IMPFLAG				N AMTDISC payment amount imputed?
				59,003			0 Not imputed
				1,808			1 Imputed
AMTOTH	185	9					N Amount paid by other payor(s)
IMPSOTH	194	1	IMPFLAG				N AMTOTH payment source imputed?
				60,530			0 Not imputed
				281			1 Imputed
IMPAOTH	195	1	IMPFLAG				N AMTOTH payment amount imputed?
				59,923			0 Not imputed
				888			1 Imputed
ODIAGCNT	196	2					N Number of diagnosis codes on claim
ODIAG1	198	5					C Primary ICD-9 diagnosis code from claim
ODIAG2	203	5					C Second ICD-9 diagnosis code from claim
ODIAG3	208	5					C Third ICD-9 diagnosis code from claim
HMO	213	1	\$HMO				C Event provided by an HMO?
				53,155			0 Event not provided by HMO
				7,656			1 Event provided by HMO